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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	Yavapai	BUREAU OF VITAL STATISTICS	
District	Prescott	ORIGINAL CERTIFICATE OF DEATH	
Town or City	Prescott	No.	Mercy Hospital
		(If death occurred in a hospital or institution, give its NAME instead of street number)	
2. FULL NAME		Grace M. Reeves	
(a) Residence. No.	Gorman, Texas	St.	
(Usual place of abode)		Ward.	
Length of residence in city or town where death occurred		How long in U. S. if of foreign birth?	
Yrs.	Mos.	Ds.	Yrs. Mos. Ds.
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED	
Female	White	Married	
6. DATE OF BIRTH (month, day and year)			
May 15, 1891			
7. AGE	Years	Months	Days
	34	1	24
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work			
At home			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town)			
Channute			
(State or country)			
Kansas			
10. NAME OF FATHER			
W. H. Hunt			
11. BIRTHPLACE OF FATHER			
No record			
(State or country)			
Canada			
12. MAIDEN NAME OF MOTHER			
Marvelle Denneault			
13. BIRTHPLACE OF MOTHER			
No record			
(State or country)			
Canada			
14. Informant			
W. C. Reeves			
(Address)			
Gorman, Texas			
15. Filed			
V. S. No. 1			
County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year)			
7/9/ 1925			
17. I HEREBY CERTIFY, That I attended deceased from			
August 14, 1923 to July 9, 1925			
that I last saw her alive on			
July 8, 1925			
and that death occurred, on the date stated above, at 3 a. m.			
The CAUSE OF DEATH* was as follows:			
Pulmonary Tuberculosis			
Probable (duration)			
5 yrs. 6 mos. ds.			
CONTRIBUTORY (Secondary)			
Intestinal Tuberculosis			
(duration)			
3 yrs. mos. ds.			
18. Where was disease contracted			
Texas			
If not at place of death?			
No			
Did an operation precede death?			
No			
Was there an autopsy?			
No			
What test confirmed diagnosis?			
Laboratory			
(Signed)			
John H. Lewis M. D.			
July 9, 1925 (Address)			
Prescott, Arizona			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL		DATE OF BURIAL	
Gorman, Texas		July 10, 1925	
20. UNDERTAKER		ADDRESS	
Lester Ruffner		Prescott, Az.	